PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

| appropriate All further cor | respondence including the legion or directed otherwise | Patent advance ord | lers and notification | on of maintenance fees | will be mailed to the current s; and/or (b) indicating a sepa | correspondence address as |
|---|---|--|---|--|--|---|
| | E ADDRESS (Note: Use Block 1 for | any change of address) | | papers. Each addition | f mailing can only be used for his certificate cannot be used hal paper, such as an assignment | or domestic mailings of the for any other accompanying ent or formal drawing, must |
| QUARLES & BF 411 E. WISCONSI SUITE 2040 MILWAUKEE, W | N AVENUE | PA | O 1 P E 6 | \ C | te of mailing or transmission. Pertificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir ail Stop ISSUE FEE address PTO (703) 746-4000, on the companion. | smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below. |
| 04/19/2005 RFEKADU2 00 | | 169 | , Age | . I . | . McGoveron | (Depositor's name) |
| | | 4 | PADEN ON | Mulle | UMAK- | (Signature) |
| | 00 DA 00 DA | | | April 14 | 2005 | (Date) |
| | EU DIO DATE | | TIDOT MANCE DIVI | | | CONFIRMATION NO. |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVI | | ATTORNEY DOCKET NO. | |
| 09/488,769 01/21/2000 | | | Pierre Sabatier 160383.90121 4877 | | | |
| TWO-PART COMPUTER | NETWORK ADDRESS | ISSUE FE | | | NG A TELEPHONE MESSA | |
| APPLN, TYPE | | | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | nonprovisional NO | | | \$0 | \$1400 | 05/04/2005 |
| EXAMINER | | ART UNI | T | CLASS-SUBCLASS | 7 | • |
| LIN, KI | ENNY S | 2154 | | 709-227000 | _ | • |
| CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates | e address or indication of "Felence address (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Use | Correspondence | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON T | HE PATENT (prin | it or type) | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion | elow, no assignee of this form is NOT | data will appear or a substitute for fil | n the patent. If an assig ing an assignment. | mee is identified below, the d | locument has been filed for |
| (A) NAME OF ASSIGNEE (I | | | B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | |
| SAGEM SA | | | Paris, France | | | |
| Please check the appropriate | assignee category or catego | ries (will not be pri | nted on the patent) | : 🖵 Individual 🔀 🤇 | Corporation or other private gr | oup entity Government |
| 4a. The following fee(s) are | enclosed: | | Payment of Fee(s) | • | | |
| Issue Fee | | | A check in the amount of the fee(s) is enclosed. | | | |
| | mall entity discount permitte | | Payment by credit card. Form PTO-2038 is attached. | | | |
| Advance Order - # of Copies10 | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $17-0055$ (enclose an extra copy of this form). | | | |
| 5. Change in Entity Status | (from status indicated above |) | | | | |
| <u> </u> | MALL ENTITY status. See | | | | ALL ENTITY status. See 37 C | (6)() |
| The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco | is requested to apply the Issu ublication Fee (if required) vords of the United States Pate | ue Fee and Publicat will not be accepted ent and Trademark | ion Fee (if any) or from anyone other Office. | to re-apply any previous r than the applicant; a re | sly paid issue fee to the application of the state of the | ation identified above. he assignee or other party in |
| Authorized Signature | Muley | VIllet | Date April 14, 20 8 5 | | | |
| Typed or printed name Michael J. McGovern Registration No. 28,326 | | | | | | |
| This collection of information | on is required by 37 CFR 1.3 | 11. The information | n is required to obt | ain or retain a benefit by | the public which is to file (an | d by the USPTO to process) |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.